U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT.			
(AUG152005)				
Cus or o				
1. File Number U - 6 /8 /	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Michael T Keen	Name United Food and Commercial Worker, Local 2008			
	Labor Organization File Number 529-174			
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 132 Haggard Loop	Street 7924 Interstate 30, Suite A			
City Hot Springs	City Littler Rock			
State Arkansas ZIP Code + 4 71913-9529	State Arkansas ZIP Code + 4 72209-2969			
5. Position in labor organization. Local Union President				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
g sagan field surbustin sammen mengadi kabupat kalkum kalkum kalkum kalkum kalkum kalkum kalkum sagadi kalkum saga				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.			
	7.b. Amount.			
Street	7.b. Amount.			
Street City ZIP Code + 4 Si	ignature			
Street City State ZIP Code + 4 Si	ignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the			
Street City State ZIP Code + 4 Si 15. Signature and verification. The undersigned declares, under penalty	ignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing Michael Keen		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Dennis Jenkins, CPA	🗶 a. Labor Organ	nization		
Trade Name, if any:	b. Trust	The state of the s		
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 1301 Shiloh Rd. Bidg 1200, Ste 1250				
City Kennesaw				
State Georgia ZIP Code + 4 301	44			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such d		. www.ang.co.co.co.co.co.co.co.co.co.co.co.co.co.	
Name	Local Union Audi	itor		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar	value of such dealing.	\$7,500	
City	12.a. Nature of interest	held or income received.	19 Meteoris a communicativa de propriete de descripto de collectivo que a compresenta a contrata com con conservicio de compresenta de contrata de con	
State ZIP Code + 4	Christmas Gift	of a Ham		
	12.b. Amount.		\$50	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consults	44 - Nature of paymen	nt.	1 Marie 11 Marie 11 Marie 11 Marie 12 M	
(including trade name, if any).				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any			T POLICE CONTROL OF THE POLICE CONTROL OF TH	
Street			Announcement of the second	
City			TATAL TA	
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant	7 14.b. Amount of paym	ent.		

Name of Person Filing Michael Keen	File Number 0-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	og gart gynad and all transmis i man personae og blemann i man i vika spærinning og i men en i me gett i mille		
Name South Central UFCW & Employers H&W Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any	Trust Fund provides Health and W members of the Local Union.	elfare Benefits to		
Street 1800 Phoenix Blvd, Ste. 310	11.b. Approximate dollar value of such dealing.	\$50,732,966		
	12.a. Nature of interest held or income receive	\$		
City Atlanta State Georgia ZIP Code + 4 30349-5559	Hotel expense related to attend fund meetings in Dallas on 3/10- 5/18-5/19/04 and in Atlanta on	ing regular trust -3/11/04 and		
	12.b. Amount.	\$402		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	er parts A and B above) or other thing of value. 14.a. Nature of payment.			
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Michael Keen	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Banquet Employers-Union Pension Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4260 Shoreline Dr. Ste. 170 City Earth City State Missouri ZIP Code + 4 63045-1221	11.a. Nature of such dealing. Trust Fund provides Pension Benefits to members of the Local Union. 11.b. Approximate dollar value of such dealing. \$50,732,966 12.a. Nature of interest held or income received. Hotel, travel, and meal expense related to attending regular trust fund meetings in Clayton, MO on 3/31-4/1/04 and in Omaha, NE on 8/24-8/25/04.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.			